Hypnobirthing Course Enrolment Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Information | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | | |
| **Address**: | | |  | | | | | | | | | | | | |
| **Suburb**: | | |  | | | | | **State**: | |  | | | **Postcode**: |  | |
| **Contact** **Number/s**: | | |  | | | | | | | **Email Address**: | | |  | | |
| **Where did you hear about Hypnobirthing Australia?** | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | |
| **Name of Birthing Companion:** | | | | | | | |  | | | | | | | |
| **Relationship (e.g. Spouse, Partner etc.):** | | | | | | | |  | | | | | | | |
| **Pregnancy Care Provider (e.g. Your Dr, Midwife, O.B):** | | | | | | | |  | | | | | **Location:** |  | |
| **Birthing Assistant (e.g. Doula, Relative, Friend etc.):** | | | | | | | |  | | | | | **Relationship:** |  | |
| **When is the baby expected?** | | | | | | | |  | | | | | | | |
| **Is this your 1st, 2nd, 3rd etc. baby?** | | | | | | | |  | | | | | | | |
| **Where do you plan on giving birth?** | | | | | | | |  | | | | | **Location:** |  | |
| **Is this birth a VBAC or is there any important information/medical conditions/psychological or psychiatric treatment you need me to be aware of before classes commence?** | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | |
| **Relationship:** | | | |  | | | | | | | | | | | |
| **Contact Number:** | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Class Session Details | | | | | | | | | | | | | | | |
| Group Class Sessions Enrolment | | | | | | | | | | Private Class Sessions Enrolment (please indicate your preferred location) | | | | | |
| **Location**: | Signature Wellbeing, 43 Glenferrie Road, Malvern VIC 3144 | | | | | | | | | **Location**: |  | | | | |
| **1st Preference Course beginning Date:** | | | | | | Select Date | | | | **1st Preference Course beginning Date:** | | | | | Select Date |
| **2nd Preference Course beginning Date:** | | | | | | Select Date | | | | **2nd Preference Course beginning Date:** | | | | | Select Date |
|  | | | | | | | | | | | | | | | |
| Tuition and Deposit | | | | | | | | | | | | | | | |
| Fee includes your Hypnobirthing Australia folio & 2 Australian accent practice albums | | | | | | | | | | | | | | | |
| **Tuition Fee (Group Classes):** | | | | | $522.50 | | 5% off Full Price (Limited Time Offer) | | | | | | | | |
| **Tuition Fee (Private Classes):** | | | | | $873.00 | | 10% off Full Price (Limited Time Offer) | | | | | | | | |
| **Non-Refundable Deposit:** | | | | | $150.00 | |  | | | | | | | | |
| Payment *Details (Note: Please use your First and Last Name as a reference on any payment)* | | | | | | | | | | | | | | | |
| **Direct Deposit:** | | **Account Name**: | | | Bump 2 Babe | | **BSB:** | | 083231 | | | **Account Number:** | | 968356690 | |
| **Credit Card:** | | [paypal.me/Bump2Babe/](https://www.paypal.me/Bump2Babe/) | | | | | | | | | | | | | |
| Please return this completed form via Email to [info@bump2babe.com](mailto:info@bump2babe.com).au  *Once this form has been received, you will receive confirmation via email confirming your course dates.*  *To hold your place, a $150 non-refundable tuition deposit is required within 3 business days of receiving your*  *confirmation with the final payment due 7 days prior to the course start date.* | | | | | | | | | | | | | | | |